


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90018 029 ****61.25

DOCUMENT # N04000007843					
1. Entity Name FLORIDA POSTAL MUSEUM, INC.					
Principal Place of Business 300 S. VOLUSIA AVE. ORANGE CITY, FL 32763			Mailing Address 300 S. VOLUSIA AVE. ORANGE CITY, FL 32763		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-1484725	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEINAUER, RICHARD C 5837 WESTPORT DR. PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINAUER, RICHARD C		NAME	FEINAUER, RICHARD C	
STREET ADDRESS	5837 WESTPORT DR.		STREET ADDRESS	5837 WESTPORT DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JOHN		NAME	GALLAGHER, JOHN	
STREET ADDRESS	9226 MELLENBROOK RD		STREET ADDRESS	9226 MELLENBROOK RD	
CITY-ST-ZIP	COLUMBIA, MD 21045		CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, WILLIAM		NAME	JAMES MCCARTHY	
STREET ADDRESS	1670 W. BLUE SPRING AVE.		STREET ADDRESS	815 YORKSHIRE DR	
CITY-ST-ZIP	ORANGE CITY, FL 32760		CITY-ST-ZIP	DELAND FL 32724	
TITLE	T.	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLERMEIER, ROBERT J		NAME	SMALL, RICHARD	
STREET ADDRESS	434 PHILLIPS CREEK LANE		STREET ADDRESS	12349 COLERAIN COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	RESTON VA 20191	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, JOSEPH		NAME		
STREET ADDRESS	3351 BLACK WILLOW TRAIL		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMUCKER, SAM		NAME		
STREET ADDRESS	14124 RIGDON RD		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert J Kellermeier</i>		Date: <i>8/4/08</i>		Daytime Phone #: <i>386-785-7101</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

